

CRBC LOCAL REVIEW BOARD WORKSHEET

ATTACH LABEL HERE

USED FOR ALL PERMANENCY PLANS

Staff Assistant: _____ Board: _____ Date: _____

| | | | |
|---|-------------------|---------------------------------|-------------------|
| <u>Quarter of Review</u> | | | |
| (1) = 1st Quarter | (2) = 2nd Quarter | (3) = 3rd Quarter | (4) = 4th Quarter |
| <u>Review Code</u> | | <u>Number of Reviews</u> | |
| | | | |
| <u>Child's Age at time of Review</u> | | | |
| | | | |

=====

[PE-00] – PLAN

[1] Reunification [2] Relative Placement for Adoption [6] Relative Placement for Custody/Guardianship
[3] Non Relative Adoption [7] Non Relative Custody/Guardianship [5] APPLA

=====

[WR-00] (1) Parental rights have been terminated (2) Parents are deceased (if any checked, skip to Permanency)

[WR-01] **WAIVER OF REUNIFICATION SERVICES (WRS)** Does WRS Apply? [1] Yes [2] No (skip to TPR)

| Status of WRS | Mother(1) | Father(2) | Both(3) |
|---|-----------|-----------|---------|
| [WR-02] <input type="checkbox"/> The court has granted WRS for | _____ | _____ | _____ |
| [WR-03] <input type="checkbox"/> The court denied WRS for | _____ | _____ | _____ |
| [WR-04] <input type="checkbox"/> DSS requested WRS, that is still pending for | _____ | _____ | _____ |
| [WR-05] <input type="checkbox"/> DSS did not request/file a WRS for | _____ | _____ | _____ |

Choose reasons below ONLY if WR-05 above is checked and the Board feels that a WRS should be requested

- [WR-07] mother father, subjects eligible child to applicable act.
- [WR-08] mother father, failure to protect eligible child from an applicable act.
- [WR-09] mother father, is convicted of an applicable crime of violence.
- [WR-10] mother unknown perpetrator still in household.
- [WR-11] mother abandonment of child.
- [WR-12] mother father has involuntarily lost parent's rights of a sibling (_____)
- [WR-13] other _____
- [WR-14] NONE

WAIVER_COMMENTS _____

TERMINATION OF PARENTAL RIGHTS (TPR)

[TP-01] Was TPR filed? [1] Yes [2] No (Go to TPR Petition)

[TP-02] Was TPR filed in a timely manner (15 out of 22 months)? [1] Yes [2] No

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Filed Notice of Objection: (If TPR filed)

- [TP-03]__ Mother [1] _Yes [2] _No [3] _N/A [4] _Unknown
- [TP-04]__ Father [1] _Yes [2] _No [3] _N/A [4] _Unknown
- [TP-05]__ Was Publication made for Parent whose whereabouts are Unknown?
[1] _Yes [2] _No [3] _N/A [4] _Unknown

IF TPR Hearing Held

- [TP-06]__ TPR Granted? [1] _Yes [2] _No
- [TP-07]__ Was TPR APPEALED? [1] _Yes [2] _No [3] _N/A [4] _Pending [5] _Unknown

TPR Petition (If Not Filed – Child under age 18)

[TP-08]__ The Board recommends that a petition for TPR: _be filed because

The Board finds that F.L. Article 5-525.1, applies, because it requires action for TPR due to (choose only 1 below)

- [TP-09]__ _ [1]__ child in care 15 out of 22 months
- _ [2]__ abandoned infant
- _ [3]__ conviction - Mother
- _ [4]__ conviction - Father
- _ [5]__ conviction - Both
- _ [6]__ other

[TP-10]__ The Board recommends that a petition for TPR: _NOT be filed due to (choose only 1 below)

- [TP-11]__ _ [1]__ the child has been placed with relatives
- _ [2]__ DSS failed to provide required reunification services
- _ [3]__ there is a compelling reason not to file

TPR_COMMENTS _____

Permanency:

[PE-01]__ Were other permanency options considered? [1] _Yes [2] _No (Skip to PE-03)
(if YES what plan was most recently ruled out)

- [PE-02]
- [1]__ _ Reunification [2]__ _ Relative Placement for Adoption [6]__ _ Relative Placement for Custody/Guardianship
- [3]__ _ Non Relative Adoption [7]__ _ Non Relative Custody/Guardianship [5]__ _ APPLA

Concurrent Planning (ALL EXCEPT APPLA - Skip to PE-07 if APPLA or Post TPR Adoption)

[PE-03]__ Is there a concurrent plan identified by the courts? [1] _Yes [2] _No (GOTO PE-06)

[PE-04]__ If Yes, what is the concurrent plan?

- [1]__ _ Reunification [2]__ _ Relative Placement for Adoption [6]__ _ Relative Placement for Custody/Guardianship
- [3]__ _ Non Relative Adoption [7]__ _ Non Relative Custody/Guardianship [5]__ _ APPLA

[PE-05]__ Is the LDSS implementing the concurrent plan set by the courts? [1] _Yes (GOTO PE-07) [2] _No

[PE-06]__ If No, what concurrent plan is the LDSS implementing?

- [1]__ _ Reunification [2]__ _ Relative Placement for Adoption [6]__ _ Relative Placement for Custody/Guardianship
- [3]__ _ Non Relative Adoption [7]__ _ Non Relative Custody/Guardianship [5]__ _ APPLA [0]__ _ None

[PE-07]__ Does the Local Board agree that the LDSS engaged in Concurrent Planning?

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[PE-07]__Continued [1] _Yes [2] _No [3] _N/A - No concurrent plan required

[PE-08]__When was the Plan ESTABLISHED? ____/____/____; (MM/DD/YY)

[PE-09]__ How long has the youth had this Permanency Plan?

- [1]___0 to 6 months
- [2]___7 to 11 months
- [3]___1 year to 2 years
- [4]___2 year to 3 years
- [5]___3 years or more

[PE-10] Why is Plan APPLA? (Choose the best answer that applies below or check N/A and Skip to Recommendations) _N/A

- _1___LDSS did not identify a suitable relative
- _2___Agency saw age as barrier and did not pursue ADOPTION
- _3___Child refuses other permanency options
- _4___Medically or Mentally Fragile
- _5___Placed with long term resources and does not want to be Adopted or pursue C & G
- _6___Worker Unaware
- _7___Other _____

[PE-11]__What is the category of the child's APPLA permanency plan? (Choose 1 below or check N/A and Skip to PE-12 if NOT APPLA) _N/A

- [1] ___Emancipation/Independence
- [2] ___Transition to an adult supportive living arrangement
- [3] ___Other (specify)_____

Board's Permanency Recommendations

[PE-12]__ [1] _Yes, The Board Agrees with the Departments Permanency plan.
[2] _No, The Board Disagrees with the Departments Permanency plan.

If NO, what Permanency Plan does the Board Recommend? and Why?

[PE-13]
[1] _Reunification [2] _Relative Placement for Adoption [3] _Relative Placement for Custody/Guardianship
[4] _Non Relative Adoption [5] _Non Relative Custody/Guardianship [6] _APPLA

Permanency Comments: (Use back page for more)

CASE PLANNING

[CP-01]__Is Birth parent incarcerated? Mother [1] _Yes [2] _No [3] _Unknown
[CP-02]__Is Birth parent incarcerated? Father [1] _Yes [2] _No [3] _Unknown

[CP-03]__Did the child have a Family Involvement Meeting (FIM) prior to entry? [1] _Yes [2] _No [3] _Unknown

[CP-04]__Has a Family Involvement Meeting been held in the last 6 months? [1] _Yes [2] _No

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Case Planning Comments: (Use back page for more)

SERVICE AGREEMENT

[SA-01]__Is there a signed current service agreement dated within 180 days of the review?

[1]____Yes [2]____No (Skip to SA-05) [3]____N/A Post TPR child under age 14 (Skip section)

If there is a signed service agreement, who **SIGNED** it? (Check all that apply)

[SA-02]__[1]____Mother [2]____Father [3]____Both

[SA-03]____Youth

[SA-04]____Caregiver

[SA-05]__Date of the most recent signed service agreement ___/___/____ (MM/DD/YYYY)

[SA-06]__Has anybody refused to sign the service agreement? [1]____Yes (Check all that apply) [2]____No (Skip to SA-10)

[SA-07]__[1]____Mother [2]____Father [3]____Both

[SA-08]____Youth

[SA-09]____Caregiver

[SA-10]__Have efforts been made to involve the parent/youth/caregiver in the development of the service agreement?

[1]____Yes (Check all that apply below) [2]____No (Skip to SA-14)

[SA-11]__[1]____Mother [2]____Father [3]____Both

[SA-12]____Youth

[SA-13]____Caregiver

[SA-14]__Does the Board agree that the service agreement is appropriate to meet the needs of the child?

[1]____Yes [2]____No [3]____N/A - No Service Agreement

Service Agreement Comments: (Use back page for more)

Siblings

[SB-01]__Does child/youth have siblings in care? [1] _Yes [2] _No (Skip to SB-06)

[SB-02]__If Yes How many siblings? _____

[SB-03]__If siblings do not reside with child/youth, have efforts been made to place siblings together?

[1] _Yes [2] _No (If no, explain in comments below) [3] _N/A

[SB-04]__Does child/youth have visits with siblings who do not reside with him/her?

[1] _Yes [2] _No (If no explain in comments below) [3] _N/A

[SB-05]__Does child/youth have visits with siblings who are not in care?

[1] _Yes [2] _No (If no explain in comments below) [3] _Unknown [4] _N/A

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Sibling Comments

Living Arrangement (Unpaid Placement)

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 00 | N/A |
| 40 | College |
| 41 | Correctional Institution |
| 42 | Halfway House |
| 43 | Homeless Shelter |
| 44 | Own Home/Apartment |
| 45 | ICPC Adoptive Home (incoming) – DO NOT USE FOR Out of Home Placement |
| 46 | ICPC Foster Home (incoming) – DO NOT USE FOR Out of Home Placement |
| 47 | Inpatient Psychiatric Care |
| 48 | Inpatient Medical Care |
| 49 | Job Corps |
| 50 | Runway |
| 51 | Relative Home – DO NOT USE FOR Out of Home Placement |
| 52 | Respite Care – Not Psychiatric Respite DO NOT USE |
| 53 | Secure Detention Facility |
| 54 | Father's Home – DO NOT USE FOR Out of Home Placement |
| 55 | Father and Stepmother/Paramour – DO NOT USE FOR Out of Home Placement |
| 56 | Mother's Home – DO NOT USE FOR Out of Home Placement |
| 57 | Mother and Father's Home – DO NOT USE FOR Out of Home Placement |
| 58 | Mother and Stepfather/Paramour – DO NOT USE FOR Out of Home Placement |
| 59 | Trial Home Visit (Aftercare) |
| 60 | Military |
| 61 | Kinship Home – Not Approved |
| 62 | Unapproved Living Arrangement |
| 99 | Other |

[LA-01]__If child is currently in a Living Arrangement, where does the child reside: (*choose one above*) = [____]

[LA-02]__If OTHER, please specify: _____

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Placement (Paid for by DSS)

(If child is on runaway status and the placement is still open check the appropriate category below. Use other to identify any category not listed below).

| <u>Code</u> | <u>Description</u> | | <u>Description</u> |
|-------------|-----------------------------------|----|---|
| | <u>Family Homes</u> | | <u>Group Homes</u> |
| 41 | Emergency Foster Home Care | 50 | Alternative Living Units |
| 42 | Formal Kinship Care | 51 | Emergency Group Shelter Care |
| 43 | Intermediate Foster Care | 52 | Residential Group Homes |
| 44 | Pre-Finalized Adoptive Home | 53 | Teen Mother Programs |
| 45 | Refugee Child | 54 | Therapeutic Group Homes |
| 46 | Regular Foster Care | 55 | Independent Living Residential Program |
| 47 | Restricted (Relative) Foster Care | | |
| 48 | Treatment Foster Care (Public) | | <u>Residential Treatment Centers</u> |
| 49 | Treatment Foster Care (Private) | 56 | Residential Treatment Centers |
| | | 60 | Psychiatric Respite |
| | <u>SILA</u> | 61 | Diagnostic Center |
| 57 | Relative | | |
| 58 | Non-Relative | | |
| 59 | Own Dwelling | | |
| | | | |
| 00 | NONE | 99 | OTHER |
| | | | |

[PL-01]__Child's current placement is: (*choose one above*) = [_____]

[PL-02]__If OTHER, please specify: _____

[PL-03]__Is child/youth placed in their home jurisdiction? [1] _Yes [2] _No [3] _N/A (Not in Placement)

[PL-04]__If NO above, what is the 2 digit jurisdiction placed in? [] or Out-of-State Abbreviation []

Board's Placement Recommendations

[PL-05] [1] The Board Agrees with the Departments Placement plan.

[2] The Board Disagrees with the Departments Placement plan.

If NO, what Placement Plan does the Board Recommend? and Why?

[PL-06] __(*Choose Placement Code from Placement Table*) [_____]

[PL-06] [1] Does the Board Agree that the Safety and Risk Protocols have been followed?

[1] _Yes [2] _No

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Placement Stability (Placement Change within Last 12 months)

[PS-00]__Was there a placement change within the last 12 months? [1] __Yes [2] __No (Skip Section, goto Child Visits)

[PS-01]__How many placement changes has the child/youth had in the last 12 months? __1 __2 __3 __4 or more

[PS-02]__Did Family Involvement Meeting (FIM) take place with the most recent placement change?

[1] __Yes [2] __No [3] __Unknown

[PS-03]__For the **most recent placement change**, indicate the **level of care** for the new placement.

- [1] __Less restrictive level of care.
- [2] __More restrictive level of care.
- [3] __Same level of care.
- [4] __Unknown, information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.
- [5] __N/A - Child on runaway

[PS-04]__If the **most recent placement change** occurred for a **positive reason**, please indicate the primary reason below.

- [1] __Transition towards Permanency Goal.
- [2] __Placement with Relatives.
- [3] __Placement with Siblings.
- [4] __N/A, move did not occur for a positive reason.

[PS-05]__If the child's **most recent placement change** was primarily related to **provider specific issues**, please indicate the primary issue below.

- [1] __Provider home closed.
- [2] __Provider request (due to issues unrelated to the child).
- [3] __Allegation of Provider Abuse/Neglect.
- [4] __Founded incident of provider abuse/neglect.
- [5] __Incompatible match between youth and provider.
- [6] __N/A, placement change was not due to a provider specific issue.
- [7] __Unknown, information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-06]__If the child's **most recent placement change** was primarily related to the **child's specific issues**, please indicate the primary issue below.

- [1] __Behavioral
- [2] __Health
- [3] __Threats of Harm to Self or Others
- [4] __Sexualized
- [5] __Delinquent Behavior
- [6] __Runaway
- [7] __Hospitalization
- [8] __Child requested removal.
- [9] __Other (specify) _____
- [10] __N/A, most recent placement change was unrelated to any specific behavior on the part of the child.
- [11] __Unknown information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-07]__While the child/youth was in the placement from which they were moved, were **placement specific services provided, adequate to support the provider?** (e.g., transportation, respite care, foster family counseling)?

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- [1] Yes
- [2] No
- [3] N/A, placement was from a shelter or temporary placement setting.
- [4] Unknown information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

[PS-08]__For the **current placement**, is there information that indicates a **match between the child's needs and the provider's ability** to meet those needs?

- [1] Yes
- [2] No
- [3] N/A – Runaway, SILA or Living Arrangement.
- [4] Unknown information not available should be selected if there is not enough information in the case file, or review participants in attendance do not have sufficient information to allow for an answer.

Child Visits

[CH-01]__ Is the child having visits with parents? [1] Yes [2] No (why? in comments)

[CH-02]__ Is the child having visits with relatives? [1] Yes [2] No (why? in comments)

If NO to [CH-01] and [CH-02] above SKIP Section

Frequency of the child's visits?

- [0]__ Daily
- [1]__ Once a week
- [2]__ More than once a week
- [3]__ Less than once a week, but at least twice a month
- [4]__ Less than twice a month, but at least once a month
- [5]__ Less than once a month
- [6]__ Quarterly
- [7]__ LDSS reports visits but it is undocumented (also for Unknown)
- [8]__ Never

Use Frequency of the child visit codes ABOVE for [CH-03] & [CH-04]

[CH-03]__ Visit with Parent [____] [CH-04]__ Visit with Relative [____]

[CH-05]__ Are child visits supervised or unsupervised?

- With Parent [1] Supervised [2] Unsupervised [3] N/A

[CH-06]__ Are child visits supervised or unsupervised?

- With Relative [1] Supervised [2] Unsupervised [3] N/A

[CH-07]__ If visits with Parent are supervised who is supervising?

- [1] LDSS Agency Representative
- [2] Other Agency Representative
- [3] Court Appointed Representative
- [4] Biological Family Member
- [5] CASA
- [6] Foster Parent
- [7] Other

[CH-08]__ If visits with Relative are supervised who is supervising?

- [1] LDSS Agency Representative

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- [2] Other Agency Representative
- [3] Court Appointed Representative
- [4] Biological Family Member
- [5] CASA
- [6] Foster Parent
- [7] Other

[CH-09]__Where do Parent visits occur?

- [1] Parent Home
- [2] Visitation Center/LDSS
- [3] Public Area (i.e. park, restaurant)
- [4] Child's Placement
- [5] Other _____

[CH-10]__Where do Relative visits occur?

- [1] Relative Home
- [2] Visitation Center/LDSS
- [3] Public Area (i.e. park, restaurant)
- [4] Child's Placement
- [5] Other _____

[CH-11]__Do the visits between the child and parent include overnight visits?

- [1] Yes [2] No (If no, why in comments?)

[CH-12]__Do the visits between the child and relative include overnight visits?

- [1] Yes [2] No (If no, why in comments?)

Child Visit Comments: _____

Health and Mental Health (At the Time of the Review)

[HM-00]__Does child/youth have documented **Developmental or other Special Needs**? [1] Yes [2] No

[HM-01]__(Physical) Does the child/youth have a documented current physical? [1] Yes [2] No

[HM-02]__(Vision) Does the child/youth have a documented current vision exam? [1] Yes [2] No

[HM-03]__(Dental) Does the child/youth have a documented current dental exam? [1] Yes [2] No [3] N/A (if under age 2)

[HM-04]__Has the local department ensured that appropriate follow-up occurred on all health concerns noted by physician?
[1] Yes [2] No [3] N/A

[HM-05]__Does child/youth have documented **Completed Medical Records**? [1] Yes [2] No

[HM-06]__Does the child/youth take any **Prescription Medications**? [1] Yes [2] No

[HM-07]__If YES, is the medication being monitored regularly? [1] Yes [2] No [3] N/A

[HM-08]__Does child/youth take any **Psychotropic Medication**? [1] Yes [2] No

[HM-09]__If YES, is the medication being monitored at least quarterly? [1] Yes [2] No [3] N/A

[HM-10]__Has the child/youth refused to take **Prescribed Medication**? [1] Yes [2] No [3] N/A

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[HM-11]__Does the child/youth have a Mental Health Issue ? [1] _Yes [2] _No

[HM-12]__Does Local Board Agree that Mental Health Issues are being addressed? [1] _Yes [2] _No [3] _N/A

[HM-13]__If child/youth has a [1] Mental Health Issue and is [2] Transitioning out of care do they have an [3] Identified plan to obtain services in the adult mental health care system? [1] _Yes (all) [2] _No-Not Transitioning [3] _No-Identified Plan [4] _N/A

[HM-14]__Does child/youth have Substance Abuse problems? [1] _Yes [2] _No

[HM-15]__Does Local Board Agree that Substance Abuse needs are being addressed? [1] _Yes [2] _No [3] _N/A

[HM-16]__Does the child/youth have any Behavioral Issues? [1] _Yes [2] _No

[HM-17]__Does Local Board Agree that Behavioral Issues are being addressed? [1] _Yes [2] _No [3] _N/A

[HM-18]__Has the child/youth refused to comply with Standard Health Exams? [1] _Yes [2] _No

[HM-19]__Does Local Board Agree that Health Needs are being met? [1] _Yes [2] _No

Health/Mental Health Comments: (Use back page for more)

Education

[ED-01]__Is child/youth enrolled in school or other educational/vocational program?

_Yes (choose below, then SKIP to [ED-03])

[1] _Pre-K - 12

[2] _College

[3] _Trade School

[ED-02]__Is child/youth enrolled in school or other educational/vocational program?

_NO (choose why below, then SKIP to [ED-13])

[1] _No, graduated high school/GED

[2] _No, refused to attend school

[3] _No, under age (under 5 years)

[ED-03]__Does child/youth have a 504 plan or IEP ? [1] _Yes [2] _No (SKIP to [ED-05])

[ED-04]__If yes, is there a copy in the child's/youth's record ? [1] _Yes [2] _No

[ED-05]__Has an educational plan been established and the child/youth refuses to comply? [1] _Yes [2] _No

[ED-06]__Is there a current progress report/report card available for review? [1] _Yes [2] _No

[ED-07]__Does child/youth have concrete plans for postsecondary education? (17 & older, i.e. college, trade school, etc.)

[1] _Yes [2] _No [3] _N/A due to age (SKIP to ED-12)

[ED-08]__If child/youth is pursuing Higher education did they apply for FAFSA?

[1] _Yes [2] _No [3] _Not Pursuing Higher Education

[ED-09]__Was child/youth referred for an ETV Grant ?

[1] _Yes [2] _No [3] _N/A

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[ED-10]__Is there a transition plan for child/youth with specific educational goals and financial assistance goals?

[1] _Yes [2] _No [3] _N/A

[ED-11]__Has child/youth made use of postsecondary supportive services? (17 & OLDER, I.E. COLLEGE, TRADE SCHOOL, ETC.)

[1] _Yes [2] _No [3] _N/A

[ED-12]__If child/youth is disabled and exiting school are they aware of and engaged with community supports?

[1] _Yes [2] _No [3] _Not Disabled [4] _Not Exiting School

(If NO above, Enter REASON in Comments below)

[ED-13]__Does Local Board Agree that child/youth is being appropriately prepared to meet educational goals?

[1] _Yes [2] _No [3] _N/A due to ED-02 above

Education Comments: _____

Ready By 21

[RD-01]__(Is Child 14 years old and older?) [1]___Yes [2]___No (SKIP to COURT)

Independent Living Services (age 14 and older)

| Code | Description |
|------|----------------------------------|
| 1 | Yes |
| 2 | No (specify why in comments) |
| 3 | No, Medically Fragile |
| 4 | No, Mental Health Reasons |
| 5 | No, in Juvenile Justice Facility |
| 6 | No, in Correctional Facility |
| 7 | OTHER |

[IL-01]__Is youth receiving appropriate services to adequately prepare for independent living when he/she leaves out-of-home care?

[____] (Use the codes above)

[IL-02]__Has the youth completed a Life Skills Assessment for successful transition to adulthood? [____] (Use the codes above)

[IL-03]__Is youth receiving required Independent Living Skills? [____] (Use the codes above)

[IL-04]__Does Board agree that youth is receiving appropriate Independent Living Skills? [1]___Yes [2]___No [3]___N/A - why

Independent Living Services Comments: _____

Employment (age 14 and older)

[EM-01]__Is child/youth currently participating in paid or unpaid work experience? (Use Codes from Ready by 21 ILS above)

[1] [____]

[EM-02]__Is child/youth currently participating in paid or unpaid work experience that is *relevant to career field of choice*?

[1] _Yes [2] _No [3] _Unknown (Enter REASON in Comments below)

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[EM-03]__Has caseworker referred child/youth to summer or year round training and employment opportunities?

[1] _Yes [2] _No [3] _Not Eligible due to age [4] _N/A

[EM-04]__If child/youth is 20 years old and employed are they earning a living wage? (\$10hr)

[1] _Yes [2] _No [3] _Not 20 [4] _Not Employed [5] _Unknown

[EM-05]__Does Local Board Agree that child/youth is being appropriately prepared to meet employment goals?

[1] _Yes [2] _No [3] _ N/A

Employment Comments: _____

Housing

[HT-01]__For youth transitioning out of care, has housing been specified?

[1] _Yes [2] _No [3] _Not Transitioning Out of Care

[HT-02]__For youth transitioning out of care was information on alternative housing options provided?

[1] _Yes [2] _No [3] _Not Transitioning Out of Care

[HT-03]__Does the Board Agree with the transitional housing plan?

[1] _Yes [2] _No [3] _Not Transitioning Out of Care

[HT-04]__Does the Board Agree that the youth is being appropriately prepared for Transitioning out of care (Ready by 21) ?

[1] _Yes [2] _No [3] _Not Transitioning Out of Care

Housing Comments: _____

Permanent Connections (APPLA only)

[PC-01]__Has the LDSS identified anyone as a permanent connection for the child? [1] _Yes [2] _No

[PC-02]__If YES, Does the Local Board find the identified Permanent Connection appropriate? [1] _Yes [2] _No

Permanent Connection Comments: _____

COURT

[CT-01]__Does child/youth have a Court Appointed Special Advocate (CASA)? [1] _Yes [2] _No

Court Comments: _____

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CHILD'S CONSENT TO ADOPTION (CONCURRENT & PLANS OF ADOPTION)

| Code | Description |
|------|--|
| 1 | Yes |
| 2 | Yes, with conditions |
| 3 | Child Does NOT want to be adopted |
| 4 | No, medically fragile, unable to consent |
| 5 | No, TPR not yet granted |
| 6 | N/A under age of consent |
| 7 | No, concurrent plan is Reunification |
| 8 | No, Relative Placement |
| 9 | Unknown |

[CA-01]__Did child consent to adoption? [___] (Use the above codes)

[CA-02]__Did child receive adoptive counseling in last 6 months ? [1] _Yes [2] _No [3] _N/A

ADOPTIVE PLACEMENT (FOR ADOPTION CASES) SKIP TO [AP-01] ADEQUATE PROGRESS IF NOT ADOPTION

Pre-Adoptive Placement:

[PA-01]__Has child been placed in a pre-adoptive home? [1] _Yes [2] _No

(If NOT in Pre-Adoptive Home go to ADOPTIVE RECRUITMENT)

[PA-02]__If Yes, what is the Family structure of the child's pre-adoptive family? (Choose one below)

- [1] ___ Married Couple
- [2] ___ Unmarried Couple
- [3] ___ Single Female
- [4] ___ Single Male

[PA-03]__What is the relationship to the pre-adoptive child?

- [1] ___ Foster Parent - Relative
- [2] ___ Foster Parent – Non Relative
- [3] ___ Foster Parent – Fictive Kin

[PA-04]__ How long has child resided in pre-adoptive placement?

- [1]__ 1- 3 months_____
- [2]__ 4 - 6 months_____
- [3]__ 7- 9 months_____
- [4]__ 10 -12 months_____
- [5]__ 12 - 15 months_____
- [6]__ 16 - 20 months_____
- [7]__ 21 months or more_____

[PA-05]__Has an adoptive home study been completed and approved? [1] _Yes [2] _No (If no why, use comments)

[PA-06]__Has the family been given a social summary? [1] _Yes [2] _No

[PA-07]__ Are appropriate services and supports in place for the pre-adoptive provider to meet current identified needs of the child?
[1] _Yes [2] _No

CRBC LOCAL REVIEW BOARD WORKSHEET

[PA-08]__Does the Local Board find the Pre-Adoptive Placement appropriate? [1] _Yes [2] _No

Adoptive Placement Comments: _____

ADOPTIVE RECRUITMENT (IF NOT IN PRE-ADOPTIVE PLACEMENT)

[AR-01]__Have documented efforts been made to find an adoptive resource? [1] _Yes [2] _No

If yes, list efforts: eg. photos, Wednesday's Child, etc

[AR-02]__ Efforts#1 _____ [DT-01] __ (date#1) ___/___/_____
[AR-03]__ Efforts#2 _____ [DT-02] __ (date#2) ___/___/_____
[AR-04]__ Efforts#3 _____ [DT-03] __ (date#3) ___/___/_____
[AR-05]__ Efforts#4 _____ [DT-04] __ (date#4) ___/___/_____

[AR-06]__Has child been listed with Adopt Us Kids? [1] _Yes [2] _No

[AR-07]__Does the Local Board find the Adoptive Recruitment Efforts appropriate? [1] _Yes [2] _No

Adoptive Recruitment Comments: _____

Post-Adoptive Services/Subsidy

[PS-01]__Are Post Adoptive Services Needed? [1] _Yes [2] _No (Skip to PS-08 Subsidies)

Services Needed (Check all that apply)

- _ [PS-02]_ Medical
- _ [PS-03]_ Mental Health
- _ [PS-04]_ Educational
- _ [PS-05]_ Respite Services
- _ [PS-06]_ DDA Support Services
- _ [PS-07]_ Other (Specify) _____

[PS-08]__Are Post Adoptive Subsidies Needed? [1] _Yes [2] _No [3] _Unknown

If Yes,

[PS-09]__Has the subsidy been approved? [1] _Yes [2] _No [3] _N/A

[PS-10]__Is there a plan for a post adoption agreement with siblings/parents to include visits, telephone calls, letters, etc?
[1] _Yes [2] _No [3] _Unknown

[PS-11]__Does the Local Board find the Post-Adoptive Services appropriate? [1] _Yes [2] _No

Post- Adoptive Services Comments: _____

CRBC LOCAL REVIEW BOARD WORKSHEET

[AP-01]__OVERALL Does the Board agree that ADEQUATE Progress towards a Permanent Placement has been made?

[1] _Yes [2] _No

[BR-01]__Are there any barriers/issues? [1] _Yes [2] _No

Barriers (for ANZIO Entries, use barrier list)

| <u>LABEL</u> | <u>DESC</u> | <u>CODE-1</u> | <u>CODE-2</u> | <u>CODE-3</u> | <u>CODE-4</u> | <u>CODE-5</u> | <u>CODE-6</u> |
|--------------|----------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| AG | AGENCY RELATED | | | | | | |
| AI | ADMINISTRATIVE ISSUE | | | | | | |
| CH | CHILD/YOUTH RELATED | | | | | | |
| CO | LDSS COORDINATION | | | | | | |
| CR | COMMUNITY RESOURCES | | | | | | |
| CT | COURT RELATED | | | | | | |
| ED | EDUCATION | | | | | | |
| FA | FAMILY RELATED | | | | | | |
| IM | LDSS IMPLEMENTATION | | | | | | |
| IN | INDEPENDENCE | | | | | | |
| LG | LEGAL | | | | | | |
| MA | LDSS MANAGEMENT | | | | | | |
| MH | MENTAL HEALTH | | | | | | |
| PE | PERMANENCY | | | | | | |
| PH | PHYSICAL HEALTH | | | | | | |
| PL | PLACEMENT | | | | | | |
| PN | PLANNING | | | | | | |
| PO | POLICY | | | | | | |
| SF | SAFETY | | | | | | |
| SR | SERVICE RESOURCES | | | | | | |